



TRANSMITTAL FORM		Application No.	09/966,830
(to be used for all correspondence after initial filing)		Filing Date	September 28, 2001
		First Named Inventor	David A. Bottom
		Art Unit	2143
		Examiner Name	Neurauter, George C.
Total Number of Pages in This Submission	6	Attorney Docket Number	42390P12322

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </div> </div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <div style="margin-left: 20px;"> <input type="checkbox"/> Landscape Table on CD </div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> - First Class Certificate of Mailing; and - the stamped return postcard. </div>	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	12-30-05	

CERTIFICATE OF MAILING/TRANSMISSION		
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
Typed or printed name	Krista Mathiesen	
Signature		
Date	12/30/05	

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 11/30/2005.
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O I P E 1AP28
JAN 03 2006
U.S. PATENT & TRADEMARK OFFICE

FEET TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/966,830
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Art Unit	2143
Attorney Docket No.	42390P12322

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

METHOD OF PAYMENT (check all that apply)

- Check Credit card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
- under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	24	26* = 0	50.00 =	\$0.00
Independent Claims	5	5* = 0	200.00 =	\$0.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

**or number previously paid, if greater, For Reissues, see below

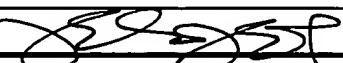
2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	180.00
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(\$)	180.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone	(303) 740-1980
Signature				Date	12-30-05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
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Docket No.: 42390P12322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

DAVID A. BOTTOM, ET AL.

Art Group: 2143

Application No.: 09/966,830

Examiner: Neurauter, George C.

Filed: September 28, 2001

For: **A MODULAR SERVER
ARCHITECTURE WITH
HIGH-AVAILABILITY MANAGEMENT
CAPABILITY**

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a final Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

01/04/2006 HDESTA1 00000034 09966830

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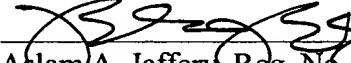
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The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Date: 12-30-05

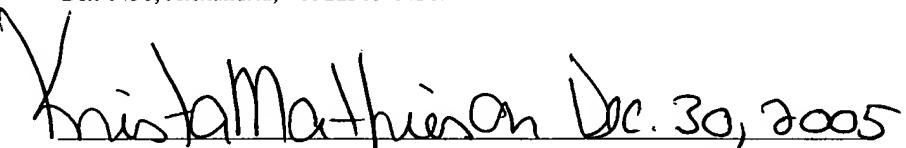
Respectfully submitted,

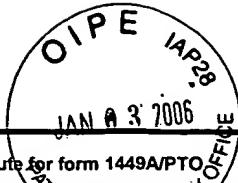
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP


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Krista Mathieson Dec. 30, 2005
Krista Mathieson Date



Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	09/966,830
		Filing Date	September 28, 2001
		First Named Inventor	David A. Bottom
		Art Unit	2143
		Examiner Name	Neurauter, George C.
Sheet	1	of	1
		Attorney Docket Number	42390P12322

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

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1

Complete if Known

Application Number | 09/966 830

Filing Date September 28, 2001

First Named Inventor **David A. Bottom**

Art Unit

Examiner Name	Neira
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Attorney Docket Number 42300B12322

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

Based on RTO/SR/08A (08-03) as modified by Blakely, Selskoff, Taylor & Zefman (wkr) 08/11/2003

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